Sweden’s pioneering child accident programme: 40 years later

In 1954 we completed a study at the Department of Paediatrics in Uppsala which showed that 400 children under 15 were accidentally killed every year in Sweden (population 7 million). Boys between 5 and 9 years more often died as a result of accidents than from disease. Many injured children were hospitalised, and some were permanently disabled. These findings led to injuries as a child health problem being discussed by the Paediatric Section of the Swedish Medical Association. One result was the formation of the Child Accident Prevention Committee (CAPC) jointly with the Swedish Red Cross and the Save the Children Fund.

The committee brought understanding and widespread interest to the problem throughout Swedish society and, before long, it came to include representatives of official bodies for health and education, general safety organisations, professional groups such as nurses and teachers, as well as voluntary groups ranging from scouting associations to women’s political organisations.

The CAPC worked along the following principal lines:

1. In order to understand and limit the risks of accidents to children, parents and caretakers are reminded that accidents are closely related to the child’s stage of development: children encounter new environmental risks as they grow older. Supervision, training, and education are therefore introduced, in that order, and appropriately adapted throughout childhood. This applies in relation to risks in the home, at school, and in traffic.

2. Screening for dangerous products in the home and other settings highlights the hazardous nature of children’s surroundings—at home, in the day care centre, in the playground, and on their way to and from school.

   Cooperation was established with the National Board for Consumer Policies, designers of home equipment, architects and planners, so as to achieve a more child friendly environment etc.

3. Epidemiological studies were carried out, including a major morbidity study of injuries to Stockholm children in the course of one year. Researchers from other disciplines as well as medicine were encouraged to tackle the accident problem, and results from studies by sociologists, psychologists, and designers were fed back into the accident prevention programme.

In the decades that followed, the committee’s working group—which to begin with comprised only an administrator (Ms Ulla Bonde), a paediatric surgeon (Associate Professor Th Ehrenpreis), and a paediatrician (myself)—made the committee members its public spokespersons. Especially useful for the dissemination of information was collaboration with the media and public health service personnel, such as nurses at child health centres and teachers in schools. Collaboration with the home equipment industry, retailers of such goods, and shop employees has permitted us to ‘cleanse’ the market of many hazardous products being sold to domestic users. Also as a result of these contacts, new ideas were canvassed concerning the design of homes, schools, and playgrounds.

The parliament and government were also involved. The committee presented facts and governmental bodies often responded by introducing laws and regulations to minimise children’s risks. Up to this point, the committee’s activities were conducted on a purely voluntary basis, with a limited amount of state subsidy, some grants from the Red Cross, and from the Save the Children Fund. This voluntary arrangement continued for 25 years, thanks to the visible incentive provided by a growing understanding of the problem on the part of the general public, the appreciation shown by governmental bodies, and by agencies concerned with health and welfare. Above all, though, the health statistics were a constant reinforcement: the number of children with fatal injuries gradually declined from eight per week in the early fifties to about three per week 25 years later.

The Swedish experience of child accident prevention has attracted the attention of the international community. Consultants from Sweden assisted the World Health Organization several times; for example, in preparations for the first Expert Committee on Child Accident Prevention in Geneva in 1956, and later within the Council of Europe, when child safety was added to its programme.

Sharing experience with Nordic and other Western countries in this field has been of great value to all concerned. Three international congresses on child safety held in Sweden have been a great inspiration for the further development of our own preventive programme.

In 1980, after 25 years, the governmental Barmmiljörådet (Child Environment Council) took over from the voluntary CAPC. Thirteen years later in 1993, child accident prevention became the task of a sector of a new governmental agency, the Office of the Children’s Ombudsman. However, work continued on much the same basic principles as before. A few executives are assisted by members of an expert advisory group, which also serves as an idea bank and as a channel of communication to people at the front end of practical prevention.

The voluntary CAPC had begun establishing local committees for the introduction of regional and municipal safety programmes. This practice has been continued by the Child Environment Council and, subsequently, by the Children’s Ombudsman. Sweden today has a nationwide network of local child safety activities, encouraged and supplied with advice, ideas, and information by the Office of the Children’s Ombudsman.

Especially gratifying recently is the decision of the Swedish Government to accept the UN Convention of the Rights of the Child, under which all children are assured of the right to live under circumstances where they are safe from disease and accident. This has helped to strengthen demands for the essential rights to grow and live in a stimulating, safe environment.

Injury mortality has continued to fall in recent years and now stands at 4·4 per 100 000 children under 15 years, which is less than two per week. This, however, is no cause for complacency, and the effects of our preventive programme are difficult to isolate. Viewing these from a 40 year perspective it is clear that many other forces have pushed in...
the same direction. First aid has improved, organizations for prevention of traffic and drowning accidents have intensified their safety programmes for children, modern medicine and surgery have increased the possibility of saving lives, and there has been a growth of general safety consciousness in large parts of the community. On the other hand, there are many facts indicating that child safety work in Sweden has played a vital part in reducing child accident risks. Children today live more safely than was the case a generation ago.

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Photo quiz contest
The photo below is a reproduction of a painting that is part of a well known series by a famous English artist. Send your answers to the following questions to the editor. The first set of correct replies will receive a CD of an appropriate selection of classical music.

- What injury is the child likely to experience?
- What environmental factor increases the likelihood of being injured?
- How might the injury be prevented?
- What other, intentional injury is depicted?
- What is the title of the series of paintings?
- Who is the artist?

Reproduced by courtesy of the Trustees, The National Gallery, London. (Readers who submit suitable photos for future contests will also be rewarded.)

Answers to the quiz in the last issue are: hazardous product—a baby walker; the user—the Virgin Mary; the parents—Anna and Joachim; preventive strategy—banning the product from the marketplace. The first respondent with the most correct answers was Mary Overpeck. She recommended ‘divine intervention’ as a means of prevention. I judged this an acceptable response. (IBP)